

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAY 27 1943  
STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4612  
Registrar's No.

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: City Hospital #10  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution (Specify whether years, months or days)

3. (a) PRINT FULL NAME PATRICIA ANN RUDOLPH  
3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Female 5. Color or race white 6. (a) Single, widowed, married, divorced single  
6. (b) Name of husband or wife  
7. Birth date of deceased Aug. 1st 1931  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
11 9 15 hr. min.

9. Birthplace Tulsa Oklahoma  
(City, town or county) (State or foreign country)

10. Usual occupation School child

11. Industry or business

MOTHER FATHER { 12. Name Frank Rudolph  
13. Birthplace Marshall Texas  
(City, town or county) (State or foreign country)  
14. Maiden name Josephine Scannell  
15. Birthplace St. Louis Mo.  
(City, town or county) (State or foreign country)

16. (a) Informant Frank Rudolph  
(b) Address 4371 Delmar Ave.

17. (a) Burial (b) Date thereof 5-19-43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuaries  
(b) Address 4228 So. Kings Highway

19. (a) MAY 18 1943 (b) Dr. F. Bruckner  
(Date received local report) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4371 Delmar Ave  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month May day 16th  
year 1943 hour 7:00 minute 4 M.  
21. I hereby certify that I attended the deceased from May 10th  
1943, to May 15th 1943  
that I last saw her alive on May 1st 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Strangulation, due to diphtheria Duration 10 days

Due to Laryngeal diphtheria

Due to  
Other conditions (Include pregnancy within 3 months of death) 10

Major findings: Of operations  
Of autopsy  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature Dr. F. Bruckner (M.D. or other) M.D.  
Address 4487 Westminster Pl. Date signed 5/17/43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

*Mr Sidney Lewis  
4487 Beechline Ave  
m-6*

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed

*Edwin M. Permutt*

Licensed Embalmer No. *3024*

P. O. Address \_\_\_\_\_

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**